

Instructions For NOTICE OF MOTION FOR BIFURCATION

WHEN TO USE THIS PACKET

Use this packet only if the other party in the case has already “**appeared**” in your action by filing documents with the court. You can use this packet to bifurcate (separate) marital status, while reserving all other issues. This means that you are asking the court to end your marriage but reserve decision on all other issues such as child custody, child visitation, child support, spousal support and property disputes.

This packet includes a “**Notice of Motion**” [FL-301], “**Application for Separate Trial**” [FL-315], “**Declaration Regarding Service of Declaration of Disclosure**” [FL141], blank “**Responsive Declaration**” [FL-320] and “**Proof of Service by Mail**” [FL-335].

There is a \$37 filing fee for filing the enclosed forms. You may be eligible for a “**Fee Waiver**” which is available as a separate packet.

Once the Notice of Motion documents are filled out and filed with the court and court date is assigned, a copy of the documents must be served on the other party. The documents must be served by someone over the age of 18 other than yourself. The documents may be served by mail. The person who serves the documents must complete the “Proof of Service by Mail” form included in this packet. You must file that completed “Proof of Service by Mail” with the court.

STEPS IN PREPARING THE MOTION FOR BIFURCATION

1. COMPLETE THE FORMS IN THIS PACKET
2. HAVE THE COURT FACILITATOR REVIEW YOUR COMPLETED DOCUMENTS
3. FILE THE DOCUMENTS WITH THE COURT AND GET A COURT DATE
4. HAVE SOMEONE SERVE A COPY OF THE DOCUMENTS ON THE OTHER PARTY
5. FILE THE PROOF OF SERVICE
6. ATTEND YOUR HEARING

SAMPLE

FORMS

How to fill out

NOTICE OF MOTION (FL-301)

DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</small> <div style="display: flex; justify-content: space-between;"> TELEPHONE NO.: _____ FAX NO.: _____ </div> <small>ATTORNEY FOR: (Name):</small> SUPERIOR COURT OF CALIFORNIA, COUNTY OF <small>STREET ADDRESS:</small> <small>MAILING ADDRESS:</small> <small>CITY AND ZIP CODE:</small> <small>BRANCH NAME:</small> <small>PETITIONER/PLAINTIFF:</small> <small>RESPONDENT/DEFENDANT:</small>		FL-301 <small>FOR COURT USE ONLY</small>
NOTICE OF MOTION <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs	<input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support <input type="checkbox"/> Injunctive Order <input type="checkbox"/> Other (specify): _____	
<small>CASE NUMBER:</small> _____		
1. TO (name): 2. A hearing on this motion for the relief requested in the attached application will be held as follows: <div style="display: flex; justify-content: space-between;"> <div> a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Rm.: _____ </div> <div> b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____ </div> </div>		
3. Supporting attachments: <div style="display: flex; justify-content: space-between;"> <div> a. Completed Application for Order and Supporting Declaration (form FL-310) and a blank Responsive Declaration (form FL-320) b. Completed Income and Expense Declaration (form FL-150) and a blank Income and Expense Declaration c. Completed Financial Statement (Simplified) (form FL-155) and a blank Financial Statement (Simplified) </div> <div> d. Completed Property Declaration (form FL-160) and a blank Property Declaration e. Points and authorities f. Other (specify): _____ </div> </div>		
Date: _____ 9		
<small>(TYPE OR PRINT NAME)</small> ORDER <input type="checkbox"/> Time for <input type="checkbox"/> service <input type="checkbox"/> hearing is shortened. Service must be on or before (date): <input type="checkbox"/> Any responsive declaration must be served on or before (date): <input type="checkbox"/> If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed above. The parties are ordered to attend orientation and mandatory custody services as follows:	<small>(SIGNATURE)</small>	
Date: _____ 10 <small>JUDICIAL OFFICER</small>		
NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the income of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based on the information supplied by the other parent. You do not have to pay any fee to file responsive declarations in response to this Notice of Motion (including a completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least ten calendar days before the hearing date.		

Form Adopted for Mandatory Use
Judicial Council of California
FL-301 (Rev. January 1, 2002)

NOTICE OF MOTION

Page 1 of 2
Government Code, § 26826
www.courtinfo.ca.gov

- ① Write your name and address here.
- ② If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ③ Write the full names (first, middle, last) of the parties. You are the “Petitioner” if you have started a case. You are the “Respondent” if another person started the case against you.
- ④ Check the box for “Other” and write in “BIFURCATION OF MARITAL STATUS “
- ⑤ Write the name of the person you are taking to court.
- ⑥ DO NOT FILL IN. Take this form to the Facilitator’s Office or downtown courthouse 4th floor for the court date.
- ⑦ Check the box if the hearing is at the address listed in ② above. If the hearing is being held somewhere else, check that box and write in the address.
- ⑧ Check Box 3(f) “Other” and write in “APPLICATION FOR SEPARATE TRIAL”
- ⑨ Type or print your name on the left, and sign your name on the right. Also put in the date you signed the form.
- ⑩ Do not fill in the section under ORDER. The court will fill in, sign and date this part.

PETITIONER/PLAINTIFF: _____	CASE NUMBER:
RESPONDENT/DEFENDANT:	

7. PROOF OF SERVICE BY MAIL

a. I am at least age 18, **not a party to this action**, and am a resident or employed in the county where the mailing took place. My residence or business address is:

b. I served copies of the following documents by enclosing them in a sealed envelope with postage fully prepaid, depositing them in the United States mail as follows:

(1) Papers served:

(a) *Notice of Motion* and a completed *Application for Order and Supporting Declaration* (form FL-310) **and** a blank *Responsive Declaration* (form FL-320)

(b) ☐ Completed *Income and Expense Declaration* (form FL-150) **and** a blank *Income and Expense Declaration*

(c) ☐ Completed *Financial Statement (Simplified)* (form FL-155) **and** a blank *Financial Statement (Simplified)*

(d) ☐ Completed *Property Declaration* (form FL-160) **and** a blank *Property Declaration*

(e) ☐ Points and authorities

(f) Other (*specify*):

(2) Manner of service:

(a) Date of deposit:

(b) Place of deposit (*city and state*):

(c) Addressed as follows:

c. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

How to fill out

APPLICATION FOR SEPARATE TRIAL (FL-315)

DIRECTIONS

- ▶ Find the number on the sample form. *Example:* ❶
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

<div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div>PETITIONER: RESPONDENT: OTHER:</div><div style="text-align: center; font-size: 24px; font-weight: bold;">❶</div></div></div>	FL-315
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APPLICATION FOR SEPARATE TRIAL

Attachment to ☐ Order to Show Cause (form FL-300) ☐ Notice of Motion (form FL-301) ❷

I, (name): ❸, request that the court sever (bifurcate) and grant an early and separate trial on the following issue or issues:

1. a. ☐ Dissolution of the status of the marriage (Fam. Code, § 2337).
I will serve with this application my preliminary *Declaration of Disclosure* and completed *Schedule of Assets and Debts* unless they have been previously served or the parties have stipulated in writing to defer service.

b. ☐ I request the following conditions be made:

(1) ☐ That I indemnify and hold the other party harmless from "taxes, reassessments, interest, and penalties" payable in the event that a dissolution prior to the property division results in taxes that would not have been payable if the parties were still married at the time of the division.

(2) ☐ That I maintain health and medical insurance for the other party and minor children as long as possible, and then must obtain comparable coverage or pay any expenses that would have been covered by insurance.

(3) ☐ That I hold the other party harmless re probate homestead.

(4) ☐ That I hold the other party harmless re probate family allowance.

(5) ☐ That I hold the other party harmless re pension benefits, elections, or survivors' benefits.

(6) ☐ That I join the pension plan and, if the other party has a private plan covered by ERISA, will cause a Qualified Domestic Relations Order (QDRO) to be served on the plan.

(7) ☐ That I hold the other party harmless re social security benefits.

(8) ☐ Any other condition that the court determines is just and equitable.

2. ☐ Permanent custody and visitation of the children of the marriage.

3. ☐ Date of separation of the parties.

4. ☐ Alternate valuation date for property.

5. ☐ Validity of marital settlement agreement entered into prior to or during the marriage.

6. ☐ Other (specify):

7. a. ☐ I request that the court conduct this separate trial on the hearing date.
or
b. ☐ I will, at the hearing, ask the court to set a date for this separate trial.

8. The reasons in support of this request are (specify):
☐ Points and authorities attached. ☐ Supporting declarations attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

❹ Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
FL-315 (Rev. January 1, 2003)

APPLICATION FOR SEPARATE TRIAL
(Family Law)

Page 1 of 1
Family Code, § 2337
www.courtinfo.ca.gov
American LegalNet, Inc.
www.USCourtForms.com

- ❶ Write the full names (first, middle, last) of the parties. You are the “Petitioner” if you have started a case. You are the “Respondent” if another person started the case against you.
- ❷ Check the “Notice of Motion” box.
- ❸ Fill your name in the Blank and Check box 1(a), “Dissolution of the status of the marriage”.
- ❹ Type or print your name on the left, and sign your name on the right. Also put in the date you signed the form.

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</small> <div style="text-align: center; font-size: 24px; font-weight: bold;">1</div>		<small>FOR COURT USE ONLY</small>
<small>TELEPHONE NO.:</small> <div style="text-align: center; font-size: 24px; font-weight: bold;">1</div> <small>FAX NO.:</small> <small>ATTORNEY FOR (Name):</small> 		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <small>STREET ADDRESS:</small> <small>MAILING ADDRESS:</small> <div style="text-align: center; font-size: 24px; font-weight: bold;">2</div> <small>CITY AND ZIP CODE:</small> <small>BRANCH NAME:</small> 		
<small>PETITIONER:</small> <small>RESPONDENT:</small> <div style="text-align: center; font-size: 24px; font-weight: bold;">3</div> 		
<div style="text-align: center;"> DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's <div style="text-align: center; font-size: 24px; font-weight: bold;">4</div> <input type="checkbox"/> Preliminary <input type="checkbox"/> Final </div>		<small>CASE NUMBER:</small>

1. I am the ☐ Attorney for ☐ Petitioner ☐ Respondent

5

 in this matter.

2. ☐ Petitioner's ☐ Respondent's *Preliminary Declaration of Disclosure and Income and Expense Declaration* was served on:
☐ Attorney for ☐ Petitioner ☐ Respondent by: ☐ personal service ☐ mail ☐ other (specify):
 on (date):

3. ☐ Petitioner's ☐ Respondent's *Final Declaration of Disclosure and Income and Expense Declaration* was served on:
☐ Attorney for ☐ Petitioner ☐ Respondent by: ☐ personal service ☐ mail ☐ other (specify):
 on (date):

4. ☐ Service of the *Final Declaration of Disclosure* has been waived under Family Code section 21105, subdivision (d).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

9

(TYPE OR PRINT NAME) (SIGNATURE)

Note:
 File this document with the court.
 Do not file a copy of either the *Preliminary* or *Final Declaration of Disclosure* with this document.

Form Adopted for Mandatory Use
 Judicial Council of California
 FL-141 (Rev. January 1, 2010)

**DECLARATION REGARDING SERVICE OF
DECLARATION OF DISCLOSURE
(Family Law)**

Page 1 of 1
 Family Code, §§ 2104, 2106, 2112
www.courtinfo.ca.gov

How to fill out

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE (FL-141)

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1

 Write your name and address. Also write your phone number, and a fax number if you have one.
- 2

 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3

 Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4

 Check the box that identifies you as the Petitioner or Respondent. Check "Preliminary."
- 5

 Check the box that identifies you as the Petitioner or Respondent in the case.
- 6

 - Check the box before "My Preliminary Declaration of Disclosure and Income and Expense Declaration was served on" then check Petitioner or Respondent (whichever applies to the other party).
 - If the forms were personally delivered to the other party, check the first box. If the forms were mailed to the other party, check that box. If another method was used, check "other" and describe in the space provided.
 - Fill in the date the forms were served to the other party.
- 7

 DO NOT fill out this section.
- 8

 DO NOT check this box.
- 9

 Date the form. Type or print your name on the left. Sign your name on the right.

How to fill out

RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION (FL-320)

DIRECTIONS

► Leave this form blank. The other party fills out this form.

FL-320	
<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</small> <small>TELEPHONE NO.: FAX NO.:</small> <small>ATTORNEY FOR (Name)</small> SUPERIOR COURT OF CALIFORNIA, COUNTY OF <small>STREET ADDRESS:</small> <small>MAILING ADDRESS:</small> <small>CITY AND ZIP CODE:</small> <small>BRANCH NAME:</small> <small>PETITIONER/PLAINTIFF:</small> <small>RESPONDENT/DEFENDANT:</small> RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION <small>HEARING DATE: TIME: DEPARTMENT OR ROOM:</small>	<small>FOR COURT USE ONLY</small>

1. ☐ **CHILD CUSTODY**
a. ☐ I consent to the order requested.
b. ☐ I do not consent to the order requested but I consent to the following order:

2. ☐ **CHILD VISITATION**
a. ☐ I consent to the order requested.
b. ☐ I do not consent to the order requested but I consent to the following order:

3. ☐ **CHILD SUPPORT**
a. ☐ I consent to the order requested.
b. ☐ I consent to guideline support.
c. ☐ I do not consent to the order requested, but I consent to the following order:
 (1) ☐ Guideline
 (2) ☐ Other (specify):

4. ☐ **SPOUSAL SUPPORT**
a. ☐ I consent to the order requested.
b. ☐ I do not consent to the order requested.
c. ☐ I consent to the following order:

5. ☐ **ATTORNEY FEES AND COSTS**
a. ☐ I consent to the order requested.
b. ☐ I do not consent to the order requested.
c. ☐ I consent to the following order:

Form Adopted for Mandatory Use
Judicial Council of California
FL-320 (Rev. January 1, 2003)

**RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE
OR NOTICE OF MOTION**

Page 1 of 2
www.courtinfo.ca.gov

DO NOT FILL OUT THIS FORM.
This form is filled out by the other party.

How to fill out

PROOF OF SERVICE BY MAIL (Family Law) FL-335

DIRECTIONS:

- ▶ Find a number on the sample form.
Example: ❶
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-335	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17490) (Name, state bar number, and address)</small></div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">❶</div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>TELEPHONE NO.:</div><div>FAX NO.:</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY FOR (Name):</small></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF</div> <div style="font-size: 24px; font-weight: bold; margin: 10px 0;">❷</div> <div style="font-size: small;">STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">PETITIONER/PLAINTIFF:</div> <div style="font-size: 24px; font-weight: bold; margin: 10px 0;">❸</div> <div style="font-size: small;">RESPONDENT/DEFENDANT: OTHER PARTY:</div> <div style="text-align: center; font-weight: bold; margin-top: 10px;">PROOF OF SERVICE BY MAIL</div>	<div style="font-size: small; text-align: center;">FOR COURT USE ONLY</div> <div style="height: 150px; border: 1px solid black; margin-top: 10px;"></div> <div style="font-size: small; text-align: center; margin-top: 10px;">CASE NUMBER</div>
<div style="font-size: small;">NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).</div> <div style="font-size: small;">1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.</div> <div style="font-size: small;">2. My residence or business address is:</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">❹</div> <div style="font-size: small;">3. I served a copy of the following documents (<i>specify</i>):</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">❺</div> <div style="font-size: small;">by enclosing them in an envelope AND</div> <div style="font-size: small;">a. <input type="checkbox"/> depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.</div> <div style="font-size: small;">b. <input type="checkbox"/> placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.</div> <div style="font-size: small;">4. The envelope was addressed and mailed as follows:</div> <div style="font-size: small;">a. Name of person served:</div> <div style="font-size: small;">b. Address:</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">❻</div> <div style="font-size: small;">c. Date mailed:</div> <div style="font-size: small;">d. Place of mailing (<i>city and state</i>):</div> <div style="font-size: small;">5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</div> <div style="font-size: small;">Date:</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">❼</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%; border-top: 1px solid black; text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div><div style="width: 45%; border-top: 1px solid black; text-align: center; font-size: small;">(SIGNATURE OF PERSON COMPLETING THIS FORM)</div></div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 10px;"><div>Form Approved for Optional Use Judicial Council of California FL-335 (Rev. January 1, 2002)</div><div style="text-align: center; font-weight: bold;">PROOF OF SERVICE BY MAIL</div><div>Code of Civil Procedure, §§ 1013, 1013a www.courtinfo.ca.gov</div></div>	

NOTE: the person serving the papers will use this form if they mailed the papers.

- ❶ Write your name, address, and telephone number.
- ❷ If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ❸ Write the names of the parties. You are “Petitioner” if you started the case. You are “Respondent” if you did not.
- ❹ Write the home or business address of the person who will serve the papers.
- ❺ Write the names of the papers served. (For example, “Notice of Motion.”)
- ❻ Write the name and address of the person to whom the papers were mailed exactly as it was written on the envelope.
Write the date the envelope was mailed, and the city and state from which it was mailed.
- ❼ The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
b. Print the address you put on the envelope containing the documents.
c. Write in the date that you put the envelope containing the documents in the mail.
d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

**PROOF OF SERVICE
BY MAIL
(Family Law)
FL-335**

- page two -

There is nothing to fill out on this page, but you should read these instructions.

BLANK

FORMS

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> NOTICE OF MOTION <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs </div> <div style="width: 33%;"> <input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support </div> <div style="width: 33%;"> <input type="checkbox"/> Injunctive Order <input type="checkbox"/> Other (specify): </div> </div>	CASE NUMBER:

1. TO (name):
2. A hearing on this motion for the relief requested in the attached application will be held as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Rm.:
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b. Address of court ☐ same as noted above ☐ other (specify):

3. Supporting attachments:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Completed <i>Application for Order and Supporting Declaration</i> (form FL-310) and a blank <i>Responsive Declaration</i> (form FL-320)
b. <input type="checkbox"/> Completed <i>Income and Expense Declaration</i> (form FL-150) and a blank <i>Income and Expense Declaration</i>
c. <input type="checkbox"/> Completed <i>Financial Statement (Simplified)</i> (form FL-155) and a blank <i>Financial Statement (Simplified)</i> | d. <input type="checkbox"/> Completed <i>Property Declaration</i> (form FL-160) and a blank <i>Property Declaration</i>
e. <input type="checkbox"/> Points and authorities
f. <input type="checkbox"/> Other (specify): |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

ORDER

4. ☐ Time for ☐ service ☐ hearing is shortened. Service must be on or before (date):
5. Any responsive declaration must be served on or before (date):
6. If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed above. The parties are ordered to attend orientation and mandatory custody services as follows:

Date:

JUDICIAL OFFICER

NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the income of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based on the information supplied by the other parent.

You do not have to pay any fee to file responsive declarations in response to this *Notice of Motion* (including a completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least ten calendar days before the hearing date.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

7. PROOF OF SERVICE BY MAIL

a. I am at least age 18, **not a party to this action**, and am a resident or employed in the county where the mailing took place. My residence or business address is:

b. I served copies of the following documents by enclosing them in a sealed envelope with postage fully prepaid, depositing them in the United States mail as follows:

(1) Papers served:

- (a) *Notice of Motion* and a completed *Application for Order and Supporting Declaration* (form FL-310) **and** a blank *Responsive Declaration* (form FL-320)
- (b) ☐ Completed *Income and Expense Declaration* (form FL-150) **and** a blank *Income and Expense Declaration (Simplified)*
- (c) ☐ Completed *Financial Statement (Simplified)* (form FL-155) **and** a blank *Financial Statement (Simplified)*
- (d) ☐ Completed *Property Declaration* (form FL-160) **and** a blank *Property Declaration*
- (e) ☐ Points and authorities
- (f) Other (specify):

(2) Manner of service:

- (a) Date of deposit:
- (b) Place of deposit (*city and state*):
- (c) Addressed as follows:

c. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)



PETITIONER: RESPONDENT: OTHER:	CASE NUMBER:
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APPLICATION FOR SEPARATE TRIAL

Attachment to ☐ Order to Show Cause (form FL-300) ☐ Notice of Motion (form FL-301)

I, (name): _____, request that the court sever (bifurcate) and grant an early and separate trial on the following issue or issues:

1. a. ☐ Dissolution of the status of the marriage (Fam. Code, § 2337).
 I will serve with this application my preliminary *Declaration of Disclosure* and completed *Schedule of Assets and Debts* unless they have been previously served or the parties have stipulated in writing to defer service.
- b. ☐ I request the following conditions be made:
 - (1) ☐ That I indemnify and hold the other party harmless from "taxes, reassessments, interest, and penalties" payable in the event that a dissolution prior to the property division results in taxes that would not have been payable if the parties were still married at the time of the division.
 - (2) ☐ That I maintain health and medical insurance for the other party and minor children as long as possible, and then must obtain comparable coverage or pay any expenses that would have been covered by insurance.
 - (3) ☐ That I hold the other party harmless re probate homestead.
 - (4) ☐ That I hold the other party harmless re probate family allowance.
 - (5) ☐ That I hold the other party harmless re pension benefits, elections, or survivors' benefits.
 - (6) ☐ That I join the pension plan and, if the other party has a private plan covered by ERISA, will cause a Qualified Domestic Relations Order (QDRO) to be served on the plan.
 - (7) ☐ That I hold the other party harmless re social security benefits.
 - (8) ☐ Any other condition that the court determines is just and equitable.
2. ☐ Permanent custody and visitation of the children of the marriage.
3. ☐ Date of separation of the parties.
4. ☐ Alternate valuation date for property.
5. ☐ Validity of marital settlement agreement entered into prior to or during the marriage.
6. ☐ Other (specify): _____
7. a. ☐ I request that the court conduct this separate trial on the hearing date.
 or
 b. ☐ I will, at the hearing, ask the court to set a date for this separate trial.
8. The reasons in support of this request are (specify):
☐ Points and authorities attached. ☐ Supporting declarations attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

_____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF DECLARANT)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO.:</div> </div> ATTORNEY FOR (Name):	FOR COURT USE ONLY
PETITIONER: RESPONDENT:	
<div style="text-align: center;"> DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's </div> <div> <input type="checkbox"/> Preliminary <input type="checkbox"/> Final </div> </div>	CASE NUMBER:

1. I am the ☐ Attorney for ☐ Petitioner ☐ Respondent in this matter.

2. ☐ Petitioner's ☐ Respondent's *Preliminary Declaration of Disclosure and Income and Expense Declaration* was served on:
☐ Attorney for ☐ Petitioner ☐ Respondent by: ☐ personal service ☐ mail ☐ other (specify):
 on (date):

3. ☐ Petitioner's ☐ Respondent's *Final Declaration of Disclosure and Income and Expense Declaration* was served on:
☐ Attorney for ☐ Petitioner ☐ Respondent by: ☐ personal service ☐ mail ☐ other (specify):
 on (date):

4. ☐ Service of the *Final Declaration of Disclosure* has been waived under Family Code section 2105, subdivision (d).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

Note:

File this document with the court.

Do not file a copy of either the *Preliminary* or *Final Declaration of Disclosure* with this document.

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NOTE: To respond to a request for domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100) you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

RESPONDENT/DEFENDANT:

CASE NUMBER:

6. ☐ PROPERTY RESTRAINT

a. ☐ I consent to the order requested.

b. ☐ I do not consent to the order requested.

c. ☐ I consent to the following order:

7. ☐ PROPERTY CONTROL

a. ☐ I consent to the order requested.

b. ☐ I do not consent to the order requested.

c. ☐ I consent to the following order:

8. ☐ OTHER RELIEF

a. ☐ I consent to the order requested.

b. ☐ I do not consent to the order requested.

c. ☐ I consent to the following order:

9. ☐ SUPPORTING INFORMATION

☐ contained in the attached declaration.

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*):

a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.

b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

Date:

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
b. Print the address you put on the envelope containing the documents.
c. Write in the date that you put the envelope containing the documents in the mail.
d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.